Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name Classification Population Owner Type Primary Sour										
CT1050014	BEE & THISTLE INN			NC	25	Р	GW				
Local Address (v	here applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural				
100 LYME STREET Connections 1											
Towns Served: OLD LYME											
Adamitating Danning manta											

TOWIS Served. OLD LTIVIE						
M	onitoring Req	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complic	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complic	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complic	ınce Status
ENTRY POINT (3)		1/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 12	2/31/19		Cor	nplete
		1/1/20 - 12	2/31/20			
Water System Facility: WELL (WSF ID: 21822)						
E. Coli (3014)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complic	ınce Status
WELL (2)		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Public	Notification I	Requiren	nents			
	Compliance	Notice	-	lic Notification PN Certification		
Violation/Situation	Period	Tier	Require		Due to DPH	Received
Distribution Turbidity MCL Violation	1/1/07 - 3/31/07	2	8/22/200)7	9/1/2007	
Water System I	Facility and Sa	mpling P	oint Inv	entory		

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21822	WELL	2	WELL	Α									
59198	TREATMENT PLANT												

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			<u> </u>						
PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
CT1050014	BEE & THISTLE INN					NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
100 LYME STRE	ET		Connections			1			

Towns Served: OLD LYME

				Contact Inf	ormation				
Name				Organization	า	Job Title			
Ms. Linnea Rufo	Bee & Thistle Inn Owner								
Mailing Address Line One Mailing Add			Address Line Two	ress Line Two			State	Zip Code	
100 Lyme Street						Old Lyme	2	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-434-1667		860-434-3	3402						

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Conno	cticut Department	of Dublic H	loalth Di	rinkin	σM	ator	Soc	rtion		
	Comine	Water Quality Mon				_			LIOII		
PWS ID	PWS Nam		intornig and			_			or Typo	Primary So	urco
CT1050024	BLACK HA			Cia	NC		25		P	GW	urce
Local Address (v			Service	Residential	Commerc		ndustria		Combine		tural
47-1 BUTTONBA		cablej	Connections	Residential	1	Ciai II	iuustiia		JOHNSHIE	u Agricui	turai
Towns Served: (
Towns Served.	JED ETIVIE	Moi	nitoring Requ	irements							
Water System	Facility:	DISTRIBUTION SYSTEM (W									
Total Coliforn							1	rout	ine (RT) per quar	rter
		oling Point ID)		Monitoring F	Period	Collect	ion Per		-	liance Sta	
		of Active Sampling Points								Complete	
				1/1/19 - 3/3						Complete	
				4/1/19 - 6/3						•	
				7/1/19 - 9/3							
Physical Para	meters (P	PS)					1	routi	ine (RT) per quar	ter
_	-	oling Point ID)		Monitoring F	Period	Collect	ion Per		•	liance Stat	
		of Active Sampling Points								Complete	
	<u>, </u>			1/1/19 - 3/3						Complete	
				4/1/19 - 6/3						•	
				7/1/19 - 9/3							
Water System	Facility:	ENTRY POINT (WSF ID: 007	'00)		,						
Nitrate And N		-	•					1 rc	outine ((RT) per y	ear
	=	oling Point ID)		Monitoring F	Period	Collect	ion Per			liance Stat	
ENTRY POI		,		1/1/18 - 12/3						Complete	
	(-)			1/1/19 - 12/3						Complete	
				1/1/20 - 12/3							
	Mor	nthly Water System Fa	acility (WSF) I			g Req	uiren	nen	ts		
Water System		ENTRY POINT (WSFID: 0070	• • •								
Analyte		Monitoring Requirement (Su	mmary Type)	Operatii	ng Limit			S	amples	Req/Mont	h
рН		Entry Point pH Monitoring (P	HRD)	Minimu	m: 7 PH					4	
Start Date:	10/1/2011		Complia	nce History:	0)peratii	ng Limit	t	Monit	oring	
			Monitor	ing Period		-	nce Sta			iance Stati	us:
			11/1/20	18 - 11/30/20						N	
			12/1/20	18 - 12/31/20)18					N	
			1/1/201	9 - 1/31/2019)					N	
			2/1/201	9 - 2/28/2019)					N	
			3/1/201	9 - 3/31/2019)						
			4/1/201	9 - 4/30/2019)						
		Othe	r Compliance	Schedule	es						
Compliance Sch	edule Activ				Date		Achiev	red D	ate		
RESPOND TO SA				9/10	/2006						
CROSS CONNEC	TION SURV	EY REPORT			2020						
		Water System Fa	cility and Sar	npling Po	int Inv	ento	ry				
		7000000	- 7	1 0 . •							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

DISTRIBUTION SYSTEM

Description

Sampling Point Sampling Point

ID

4

Total

Coliform

Rule

Υ

Status

Lead and

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

Water

System

Facility ID

00600

Water System Facility

DISTRIBUTION SYSTEM

	Water Quality Monit	oring and	d Con	npl	iance S	chedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1050024	BLACK HALL CLUB				NC	25	Р	GW
Local Address	(where applicable)	Service Reside		itial	Commercia	al Industria	al Combine	ed Agricultural
47-1 BUTTONI	BALL ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

	Wat	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21823	WELL	2	WELL	Α					
57821	TREATMENT PLANT								

			Contact Info	ormation				
Name			Organization				Job Title	
Mr. Philip Neaton			Black Hall Clu	ıb		Superinten	dent	
Mailing Address Lin	e One	Ma	ailing Address Line Two			City	State	Zip Code
50 Buttonball Road		Р (O Box 278		Old Lyme	<u>;</u>	СТ	06371
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	dress		
860-434-2051		860-434-399	93					
Contact Role(s): A	dministrative	Contact						
Name			Organization				Job Title	
Black Hall Club Inc								
Mailing Address Lin	e One	Ma	ailing Address Line Two			City	State	Zip Code
P. O. Box 278					Old Lyme	<u>;</u>	СТ	06371
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	dress		
Contact Role(s): Le	egal Contact, (Owner						
Name			Organization				Job Title	
Mr. John Opeka			Black Hall Clu	ıb Inc		President		
Mailing Address Lin	e One	Ma	ailing Address Line Two			City	State	Zip Code
29 Spinnaker Drive					Niantic		СТ	06357
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	dress	,	
_								
Contact Role(s): Le	egal Contact. (Owner						

Contact Role(s): |Legal Contact, Owner | Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of				_	,					
2146.12	Water Quality Monitoring and Compliance Schedule WS ID PWS Name Classification Population Owner Type Primary Source										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT1050114	CT1050114 FIRST CONGREGATIONAL CHURCH OF OLD LYME NC 25 P GW										
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricult							ed Agricultural				

Connections

1

2 FERRY ROAD

Towns Served: OLD LYME			·	·	·	·	
	Monito	oring Requiremen	ts				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) per	quarter
Sampling Point (Sampling Point ID)		Monitoring	y Period	Collecti	ion Period	Compliance	Status .
Select from Inventory of Active Sam	oling Points	10/1/18 - 1	2/31/18			Compl	ete
		1/1/19 - 3	/31/19			Compl	ete
		4/1/19 - 6	/30/19				
		7/1/19 - 9	/30/19				
Physical Parameters (PPS)					1 rou	tine (RT) per	quarter
Sampling Point (Sampling Point ID)		Monitoring	y Period	Collecti	ion Period	Compliance	Status .
Select from Inventory of Active Sam	oling Points	10/1/18 - 1	2/31/18			Compl	ete
		1/1/19 - 3	/31/19			Compl	ete
		4/1/19 - 6	/30/19				
		7/1/19 - 9	/30/19				
Water System Facility: ENTRY POIN	Γ (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1 :	routine (RT) p	er year
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Compliance	Status .
ENTRY POINT (3)		1/1/18 - 12	2/31/18			Compl	ete
		1/1/19 - 12	2/31/19			Compl	ete
		1/1/20 - 12	2/31/20				
	Other C	ompliance Schedu	les				
Compliance Schedule Activity		Dι	ıe Date		Achieved I	Date	
RESPOND TO SANITARY SURVEY		9/1	11/2016				
CROSS CONNECTION SURVEY REPORT		3/	1/2020				
Wate	r System Facili	ity and Sampling P	oint li	nventor	У		
Water				Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQ	P 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				

00700 ENTRY POINT	3	ENTRY POINT	Α								
21830 WELL	2	WELL	Α								
57823 TREATMENT PLANT											
Contact Information											
Name		Organization		Job Title							
Mr. Douglas Wilson		First Cong. Church of Old	d Lyme	Chair Bd of	Trustees						
Mailing Address Line One Mailing Addr		dress Line Two		City		Zip Code					
2 Ferry Rd	124 Giants	Neck Road	Niantic		СТ	06357					

WITHIN 5 SERVICE CON

Α

2 Ferry Rd Emergency Phone Email Address **Business Phone** Extension Fax Mobile Phone 860-739-2837 860-434-8686 860-434-1135 fccol@snet.net

UPSTREAM

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. $Any inaccuracies \ contained \ herein \ will \ not \ relieve \ the \ owner \ or \ operator \ of \ the \ requirement \ to \ maintain \ compliance \ with \ the \ applicable \ regulations.$

	Connecticut Department of Public Health Drinking Water Section												
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	ance S	chedul	le				
PWS ID	PWS Name					Classi	ification [opulation	Owner Ty	e Pr	imary Source		
CT1050114	FIRST CONGREGA	ATIONAL CH	URCH OF OLI	D LYME		NC		25	Р		GW		
Local Address (w	here applicable)			Service	Resider	tial C	ommercia	l Industri	al Comb	ined	Agricultural		
2 FERRY ROAD				Connection	ns		1						
Towns Served: O	LD LYME			·	·								
Contact Role(s):	Legal Contact												
Name				Organization				Job Title					
Mr. Robert F. Me	Cracken			1St Cong. Church of Old Lyme				Administrative					
Mailing Address	Line One		Mailing Addr	ess Line Two				City	Stat	e	Zip Code		
2 Ferry Road							Old Lym	e	СТ		06371		
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	/ Phon	e Email A	ddress	·				
860-434-8686		860-434-	1135		860-575	-6610	fccol@s	fccol@snet.net					
Contact Role(s):	Administrative (Contact						·					

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section												
	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS ID PWS Name				sification	Population	Owner Type	Primary Source					
CT1050124	1050124 FLORENCE GRISWOLD MUSEUM					25	Р	GW					
Local Address (where applicable)		Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural					

Connections

1

96 LYME STREET

Towns Served: OLD LYME			
Monitoring I	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Compli	ance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
CROSS CONNECTION SURVEY REPORT	3/1/2020		
Water System Facility and	d Sampling Point In	ventory	

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21831	WELL	2	WELL	Α									
59194	TREATMENT PLANT												

				Contact Inf	formation				
Name			Organization	า		Job Title			
Mr. Theodore J. Ga	ffney		Florence Gri	swold Museum	Facil. Mngr				
Mailing Address Line One Mailing Addr			dress Line Two	ress Line Two			State	Zip Code	
96 Lyme Street						Old Lym	e	СТ	06571
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	Email Address		
860-434-5542	107	860-434-	6259		860-287-3830	TED@FLOGRIS.ORG			
Contact Role(s): A	dministrative	Contact							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connectic	ut Depa	artment	t of	Public l	Health	n Drii	nking	Water	Section		
	Wa	ter Qua	lity Mo	nito	oring an	nd Con	nplia	nce S	chedul	le		
PWS ID F	PWS Name						Classif	ication	Population	Owner Type	Primary Source	
CT1050124 F	LORENCE GRIS	WOLD MUS	EUM				N	IC	25	Р	GW	
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed Agricultural	
96 LYME STREET	96 LYME STREET				Connections	S		1				
Towns Served: OL	.D LYME						-			,		
Name				Org	ganization			Job Title				
Ms. Rebekah Bea	ulieu			Flo	Florence Griswold Museum				Director			
Mailing Address L	ine One		Mailing Ad	dress	Line Two				City		Zip Code	
Director of The Flo	orence Griswold	l Museum	96 Lyme St	reet				Old Lyn	Old Lyme		06571	
Business Phone	Extension	Fax	N	Mobile	Phone I	Emergenc	y Phone	Email A	ddress	,		
860-434-5542	108							becky@	flogris.org			
Contact Role(s):	Legal Contact											

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1050144	HAINS PARK				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
166 BOSTON PC	ST ROAD	Connections			1			

Towns Served: OLD LYME

Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Complian	nce Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

Other Compliance Schedules										
Compliance Schedule Activity	Due Date Achieved Date									
SEASONAL START UP CERTIFICATION	4/1/2016									
SEASONAL START UP COMPLETION	4/1/2016									
SEASONAL START UP CERTIFICATION	4/1/2017									
SEASONAL START UP COMPLETION	4/1/2017									
SEASONAL START UP CERTIFICATION	4/1/2018									
SEASONAL START UP COMPLETION	4/1/2018									
SEASONAL START UP COMPLETION	4/30/2019									

	Water System Facility and Sampling Point Inventory											
ility Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR					
TEM 4	DISTRIBUTION SYSTEM	Α	Υ									
DOWNSTREAM	WITHIN 5 SERVICE CON	Α										
UPSTREAM	WITHIN 5 SERVICE CON	Α										
3	ENTRY POINT	Α										
	STEM 4 DOWNSTREAM	STEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON UPSTREAM WITHIN 5 SERVICE CON	STEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	Coliform ID Description Status Rule STEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON UPSTREAM WITHIN 5 SERVICE CON A	STEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	Sampling Point Sampling Point Coliform Copper ID Description Status Rule Rule Tier Asbestos STEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	STEM A DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monit	oring and	d Con	npl	iance S	, Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1050144	HAINS PARK				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
166 BOSTON POST ROAD Connections 1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
21833	WELL	2	WELL	Α									
57129	PRESSURE TANK												
	Contact Information												

				Contact Inf	ormation					
Name				Organization	1			Job Title		
Ms. Bonnie A. Reei	msnyder			Town of Old	Lyme		First Selecti	man		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code	
52 Lyme Street						Old Lym	е	СТ	06371	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
860-434-1605		860-434-	1400			breemsr	nyder@oldlyme-ct.gov			
Contact Role(s): Le	egal Contact		·							
Name				Organization	1			Job Title		
Mr. Philip Parcak				Town of Old	Lyme		Facilities M	anager		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code	
52 Lyme Street						Old Lym	е	СТ	06371	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
860-434-1605	245			860-405-5004		pparcak	@oldlyme-ct	t.gov		
Contact Polo(s): A	dministrativo	Contact	1							

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

-	SANITARY SURVEY	Due Date 10/29/2017	Achieved D	ате
Compliance		er Compliance Schedules	A alutana d D	ata
		4/1/2019 - 4/30/2019		
		3/1/2019 - 3/31/2019		
		2/1/2019 - 2/28/2019		N
		1/1/2019 - 1/31/2019		N
		12/1/2018 - 12/31/2018		N
		11/1/2018 - 11/30/2018		N
		Monitoring Period	Compliance Status:	Compliance Status:
Start Date:	4/1/2008	Compliance History:	Operating Limit	Monitoring
рН	Entry Point pH Monitoring (PH	Daily
Analyte	Monitoring Requirement (So			amples Req/Month
Water Systen	n Facility: ENTRY POINT (WSFID: 007			
	· · · · · · · · · · · · · · · · · · ·	acility (WSF) Level Monitorin	ig kequiremen	ıs
	Nomble Markey Costs		Di	•
		1/1/19 - 12/31/19		Complete
ENIKTPU	лічт (<i>э)</i>	1/1/18 - 12/31/18		Complete
ENTRY PC		1/1/18 - 12/31/18	Concentration Feriod	Complete
	Nitrite (NOX) Point (Sampling Point ID)	Monitoring Period	1 ro	outine (RT) per year Compliance Status
Water Systen	n Facility: ENTRY POINT (WSF ID: 00	700)		
		7/1/19 - 9/30/19		
		4/1/19 - 6/30/19		
		1/1/19 - 3/31/19		Complete
Select fro	m Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
•	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Physical Para	ameters (PPS)		1 rout	ine (RT) per quarter
		7/1/19 - 9/30/19		
		4/1/19 - 6/30/19		
22 233 11 0	,	1/1/19 - 3/31/19		Complete
	m Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Total Colifor	•	131 ID. 00000)	1 rout	ine (RT) per quarter
Water System	n Facility: DISTRIBUTION SYSTEM (V	onitoring Requirements		
TOWIIS Serveu.		witoring Roseringsports		
167 BOSTON P Towns Served:		Connections 1		
	(where applicable)	Service Residential Commo	ercial Industrial C	Combined Agricultural
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Connecticut Departmen	t of Public Health Drinki	ng Water Sec	ction
PWS ID CT1050174	Water Quality Mo PWS Name LAYSVILLE CENTER STORES	t of Public Health Drinki onitoring and Compliance Classification	e Schedule on Population Owne	er Type Primary

Public Notification Requirements Compliance Notice **Public Notification PN Certification** Violation/Situation Period Tier **Performed** Due to DPH Required Received 3 pH M&R Violation 10/1/13 - 10/31/13 12/19/2014 12/29/2014 pH M&R Violation 11/1/13 - 11/30/13 3 1/21/2015 1/31/2015

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		0 -		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1050174	LAYSVILLE CENTER STORES			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
167 BOSTON PC	ST ROAD	Connections		1			

Towns Served: OLD LYME

	Wate	er System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21835	WELL	2	WELL	Α					
54254	PH TREATMENT SYSTEM								
54256	FLEX-LITE FL-30 BLADDER STORAGE TANK								

			Co	ontact Inf	ormation						
Name	Organization Job Title										
Mr. Kenneth Coffee	2			Coffees Cou	ntry Market		Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City State				
169 Boston Post Ro	ad					Old Lym	е	СТ	06371		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress				
860-434-1877						ken@co	offeescountrymarket.com				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Schedule Generation Date: 4/11/2019

		Connecticut De	epartment of	Public H	lealth	Dri	nkin	g W	ater	Se	ction	
		Water Q	uality Monit	oring and	d Con	nplia	nce	Sch	edul	9		
PWS ID		PWS Name				_					er Type Pr	imary Source
CT105018	4	LYME ART ASSOCIATION	I			١	IC		25		Р	GW
Local Add	ress (w	here applicable)		Service	Residen	tial Co	mmer	cial I	ndustria	I	Combined	Agricultural
90 LYME S	STREET			Connections			1					
Towns Ser	rved: C	LD LYME				·		·		·		
			Monito	oring Requ	iireme	nts						
Water Sy	stem	Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)								
Total Co	liform	(3100)							1	rou	tine (RT) p	er quarter
Sam	pling P	oint (Sampling Point ID)			Monitori	ing Peri	iod	Collect	ion Per	iod	Complic	ance Status
Selec	t from	Inventory of Active Sam	pling Points		10/1/18 -	12/31	/18				Cor	mplete
					1/1/19 -	3/31/2	L9				Cor	mplete
					4/1/19 -	6/30/2	L9					
					7/1/19 -	9/30/2	L9					
Physical	Parar	neters (PPS)							1	rou	tine (RT) p	er quarter
Sam	pling P	oint (Sampling Point ID)			Monitori	ing Peri	iod	Collect	ion Per	iod	Complic	ance Status
Selec	t from	Inventory of Active Sam	oling Points		10/1/18 -						Cor	mplete
					1/1/19 -						Cor	mplete
					4/1/19 -	6/30/2	L9					
					7/1/19 -	9/30/2	L9					
Water Sy	stem	Facility: ENTRY POIN	T (WSF ID: 00700)									
		itrite (NOX)								1 ı		T) per year
Sam	pling P	oint (Sampling Point ID)			Monitori	ing Peri	iod	Collect	ion Per	iod	Complic	ance Status
ENTR	RY POI	NT (3)			1/1/18 -							mplete
					1/1/19 -						Cor	mplete
					1/1/20 -	12/31/	20					
		Wate	r System Facili	ty and Sar	npling	Poin	t Inv	ento	ry			
Water								Total	Lead o	ınd		
System		r System Facility	Sampling Point		nt			oliform				Stage
Facility ID			ID	Description			itus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION			A	Υ				
			DOWNSTREAM				A					
			UPSTREAM	WITHIN 5 SER			A					
00700	ENTR	Y POINT	3	ENTRY POINT			Α					
21836	WELL		2	WELL			A					
48162	IRON	FILTRATION										
			Con	tact Inforr	nation							

			Co	ontact Inf	ormation					
Name Organization						Job Title				
Ms. Laurie Pavlos				Lyme Art Ass	sociation		Business Manager			
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City State Zip Coo			
90 Lyme St						Old Lym	e	СТ	06371	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress			
860-434-7802						laurie@l	urie@lymeartassociation.org			
Contact Role(s): A	dministrative	Contact, Ow	ner							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut	t Depa	irtment of	Public	Health	Drir	ıking	g Water	Section			
	Wate	r Qua	lity Monit	oring ar	nd Con	nplia	nce S	Schedul	le			
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Sour		
CT1050184 L	YME ART ASSOCIA	NOITA		N		N	IC	25	Р	GW		
Local Address (wh	ere applicable)			Service	Resider	itial Co	mmerci	al Industri	al Combine	ed Agricultur		
90 LYME STREET				Connection	S		1					
Towns Served: OL	D LYME					'		1	1			
Name			Or	ganization					Job Titl	e		
Ms. Katherine Sin	nmons		Ly	me Art Assoc	ciation			President				
Mailing Address Li	ne One		Mailing Address	s Line Two				City	State	Zip Code		
90 Lyme Street							Old Lyı	me	СТ	06371		
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email A	Address				
860-434-7802					860-652	-8854	kmsart	wrk@cox.ne	et			
Contact Role(s): I	Legal Contact		'	"			1					

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1050214	GRAYBILL PROPERTIES, LLC				NC	30	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
149-151 BOSTO	N POST RD	Connections			1			

Towns Served: OLD LYME

Towns Served: OLD LYME			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - WELL 1 (WSF ID:	: 00700)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - WELL 1 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility: WELL #1 (WSF ID: 60883)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facilit	v and Sampling Point In	ventory	

	Water System Facility and Sampling Point Inventory										
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
00700	ENTRY POINT - WELL 1	3	ENTRY POINT - WELL 1	Α							
60883	WELL #1	2	WELL #1	Α							
60886	TREATMENT PLANT										
60888	ATM STORAGE										

	C	ontact Ir	nformatio	n					
Name		Organizati	on			Job Title			
Mr. James L. Graybill	Graybill Pr	operites		Owner					
Mailing Address Line One	Mailing Add	ress Line Tw	/0		City State Zi				
27 Sill Lane				C	Old Lyme	СТ	06371		
0 1 0 5 1 5		1.11 - 61	-	DI -	· · · · · · · · · · · · · · · · · · ·	•			

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	Connecticut Department of Public Health Drinking Water Section									
	Wa	iter Quality N	Jonit o	oring a	nd Con	nplia	ance S	Schedul	le	
PWS ID	PWS Name					Class	fication	Population	Owner Type	Primary Source
CT1050214	GRAYBILL PROF	PERTIES, LLC					NC	30	Р	GW
Local Address (w	here applicable)		Service	Resider	itial C	ommerci	ial Industri	al Combine	ed Agricultural
149-151 BOSTO	N POST RD			Connection	ns		1			
Towns Served: C	LD LYME									
Business Phon	e Extension	Fax	IVIODII	e Phone	Emergency	/ Pnon	e Email i	Address		
862-434-3530	862-434-3530 860-434-8823 860-304-2535 aptolct@aol.com									
Contact Role(s):	Administrative	Contact, Legal Cont	act, Own	er						

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department	of Public Health Drinki	ng Water Sed	ction
•	itoring and Compliance	· ·	
PWS ID PWS Name			er Type Primary Source
CT1050224 OLD LYME COUNTRY CLUB HOUSE	NC	25	P GW
Local Address (where applicable)	Service Residential Comme		Combined Agricultura
40 MCCURDY ROAD	Connections 1		8 1 1 1
Towns Served: OLD LYME			
Mon	itoring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 0070	0)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Monthly Water System Fac	cility (WSF) Level Monitorin	ng Requiremen	ts
Water System Facility: ENTRY POINT (WSFID: 00700)		
Analyte Monitoring Requirement (Sum	mary Type) Operating Limit	S	amples Req/Month
pH Entry Point pH Monitoring (PH	RD) Minimum: 7 PH		4
Start Date : 1/1/2010	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2018 - 11/30/2018		N
	12/1/2018 - 12/31/2018		N
	1/1/2019 - 1/31/2019		N
	2/1/2019 - 2/28/2019		N
	3/1/2019 - 3/31/2019		
	4/1/2019 - 4/30/2019		
Other	Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
CROSS CONNECTION SURVEY REPORT	3/1/2016		
RESPOND TO SANITARY SURVEY	5/9/2019		
Water System Fac	ility and Sampling Point In	ventory	
Water		Total Lead and	

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DISTRIBUTION SYSTEM

Description

Coliform

Rule

Υ

Status

Α

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

Sampling Point Sampling Point

ID

4

Water System Facility

DISTRIBUTION SYSTEM

System

Facility ID

00600

	or and or any or any or any				C	,		
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1050224	OLD LYME COUNTRY CLUB HOUSE	D LYME COUNTRY CLUB HOUSE					Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural
40 MCCURDY RO	MCCURDY ROAD Connections							
Towns Served: C	OLD LYME							

Connecticut Department of Public Health Drinking Water Section

	,	Water Sy	stem Facil	ity and S	Sampling Poir	t Invent	tory		
Water System Water S Facility ID	ystem Facility	٤	Sampling Point ID	Sampling Descriptio		Tota Colifo atus Rule	rm Copper	Asbestos	Stage WQP 2 DBP
			DOWNSTREAM	WITHIN 5		A			
			UPSTREAM	WITHIN 5	SERVICE CON	Α			
00700 ENTRY F	POINT		3	ENTRY PO	INT	А			
21840 WELL A			2	WELL		A			
56562 TREATM	IENT PLANT								
56564 WELL C			2	WELL C		A			
			Cor	tact Info	ormation				
Name			0	rganization				Job Title	
Old Lyme Country	Club								
Mailing Address Lir	ne One		Mailing Addres	s Line Two			City	State	Zip Code
40 McCurdy Road			P O Box 276			Old Lyme		СТ	06371
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phone	e Email Add	dress		
Contact Role(s): O	wner								
Name				rganization				Job Title	
Mr. Michael Iwani				ld Lyme Co	untry Club		General Mana		
Mailing Address Lir	ne One		Mailing Addres	s Line Two			City	State	Zip Code
40 McCurdy Road						Old Lyme		СТ	06371
Business Phone	Extension	Fax		ile Phone	Emergency Phone				
860-434-1639	112	860-434-3	3326			gm@oldl	ymecc.com		
Contact Role(s): A	dministrative (Contact							
Name				rganization			D 11 1	Job Title	
Mr. Fran Sablone				ld Lyme Co	untry Club		President	6	7: 0 1
Mailing Address Lir	ie One		Mailing Addres	ss Line Two		0111	City	State	Zip Code
40 McCurdy Rd						Old Lyme		СТ	06371
Business Phone 860-434-1639	Extension 112	Fax		ile Phone	Emergency Phone				
	117	860-434-3	くくしん し			tsahlone/	@gmail.com		

Please note the following:

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS ID PWS Name** Classification | Population | Owner Type | Primary Source CT1050244 OLD LYME INN GW NC 45 Local Address (where applicable) Industrial Service Residential Commercial Combined Agricultural

85 LYME STREET (ROUTE 1)		Connections	2	1			
Towns Served: OLD LYME						1	
	Monito	oring Requirement	ts				
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) per quar	ter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	ion Period	Compliance Stat	us
Select from Inventory of Active Sample	ing Points	10/1/18 - 12	2/31/18			Complete	
		1/1/19 - 3,	/31/19			Complete	
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Physical Parameters (PPS)					1 rou	tine (RT) per quar	ter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	ion Period	Compliance Stat	us
Select from Inventory of Active Sample	ing Points	10/1/18 - 12	2/31/18			Complete	
		1/1/19 - 3,	/31/19			Complete	
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Water System Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (RT) per ye	ear
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	ion Period	Compliance Stat	us
ENTRY POINT (3)		1/1/18 - 12	/31/18			Complete	
		1/1/19 - 12	/31/19			Complete	
		1/1/20 - 12	/31/20				
Water System Facility: WELL (WSF ID	: 21842)						
E. Coli (3014)					1 rou	tine (RT) per quar	ter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	ion Period	Compliance Stat	us
WELL (2)		10/1/18 - 12	2/31/18			Complete	
		1/1/19 - 3,	/31/19			Complete	
		4/1/19 - 6,					
		7/1/19 - 9,	/30/19				
Water	System Facili	ty and Sampling P	oint Ir	vento	ry		
Water				Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		age
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 D)BPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
21842 WELL	2	WELL	Α				
58229 OLI TREATMENT PLANT							
	Con	tact Information					

Name Organization Job Title

For A Song LLC

Mailing Address Line One Mailing Address Line Two City State Zip Code

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	Connecticu	ıt Depa	rtment o	f Public	Health	ı Drir	ıking	Water	Section	
	Wat	er Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT1050244 C	LD LYME INN					N	С	45	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed Agricultural
85 LYME STREET (ROUTE 1)			Connectio	ns		2			
Towns Served: OL	D LYME									1
85 Lyme St							Old Lyr	ne	CI	06371
Business Phone	Extension	Fax	Mok	ile Phone	Emergency	y Phone	Email A	ddress		
Contact Role(s): I	Legal Contact, O	wner								
Name			C	Organization					Job Titl	e
Ms. Christine A Ki	tchings		F	or A Song LL	C			Member/	'Manager	
Mailing Address Li	ne One		Mailing Addre	ss Line Two				City	State	Zip Code
85 Lyme St							Old Lyn	ne	СТ	06371
Business Phone	Extension	Fax	Mok	ile Phone	Emergency	y Phone	Email A	ddress	·	
844-265-6197										
Contact Role(s):	Administrative (Contact, Leg	al Contact							

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public F	lealth		rinking	g W	Vater	Se	ection	
	Water Quality Mor	nitoring an	d Con	npl	liance	Sch	nedul	e		
PWS ID	PWS Name			_		_			ner Type	Primary Source
CT1050254	OLD LYME LIBRARY				NC		25		L	GW
Local Address (where applicable)	Service	Resider	ntial	Commerc	cial	Industria	al	Combine	d Agricultural
2 LIBRARY LAN	=	Connections			1					
Towns Served:	OLD LYME									
	Mor	nitoring Requ	uireme	ents	5					
Water System	Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)								
Total Colifor	n (3100)						1	roı	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period (Colle	ction Per	riod	Comp	liance Status
Select from	m Inventory of Active Sampling Points		10/1/18	- 12/	/31/18				C	Complete
			1/1/19	- 3/3	31/19				C	Complete
			4/1/19							
			7/1/19	- 9/3	30/19					
-	meters (PPS)						1	rou	-	per quarter
	Point (Sampling Point ID)		Monitor			Colle	ction Per	riod		liance Status
Select from	n Inventory of Active Sampling Points		10/1/18							Complete
			1/1/19						C	Complete
			4/1/19							
			7/1/19	- 9/3	30/19					
-	Facility: ENTRY POINT (WSF ID: 007)	00)								
	Nitrite (NOX)									RT) per year
	Point (Sampling Point ID)		Monitor			Collec	ction Per	riod		liance Status
ENTRY PO	INT (3)		1/1/18 -							Complete
			1/1/19 -		-				C	Complete
			1/1/20 -							
	Other	Compliance	Scheo	dule	es					
Compliance Sci	hedule Activity			Due	Date		Achie	ved	Date	
CROSS CONNEC	CTION SURVEY REPORT			3/1/	/2018					
CROSS CONNEC	CTION SURVEY REPORT			3/1/	/2020					

		٠, ١	-,									
Public	Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>												
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	12/2/2004		12/12/2004							
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	12/2/2004		12/12/2004							
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	11/2/2005		11/12/2005							
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3	11/2/2005		11/12/2005							

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
21843	WELL	2	WELL	Α						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT1050254 OLD LYME LIBRARY					NC 25		L	GW			
Local Address (Service	Residen	Residential Commerc		al Industri	al Combine	ed Agricultural				
2 LIBRARY LANE Connections					1						

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Ronald Rose				Town of Old	Lyme		Sanitarian		
Mailing Address Line One Mailing Addre				ress Line Two			City	State	Zip Code
52 Lyme Street					Old Lym	е	СТ	06371	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
860-434-1605	214	860-434-9	9283		860-424-1605	health@	oldlyme-ct.go	V	
Contact Role(s): Le	gal Contact		,						
Name				Organization	1	Job Title			
Ms. Mary T. Fiorelli	i			Library			Director		
Mailing Address Lin	e One		Mailing Add	ress Line Two		City		State	Zip Code
2 Library Lane						Old Lyme		СТ	06371
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ddress		
860-434-1684		860-434-9	9547		860-572-1280	mfiorelli@ol.lioninc.org			

Please note the following:

Contact Role(s): Administrative Contact, Legal Contact

Towns Served: OLD LYME

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut I	Department of	Dublic H	aalth D	rink	ing M	Jator S	action	
		•						ection	
DIAIC ID		Quality Monit	oring and					_	n :
PWS ID	PWS Name			Cla					Primary Source
CT105026		ACE INC.			NC		25	Р	GW
	lress (where applicable)		Service	Residential			Industrial	Combine	d Agricultural
264 SHOR			Connections		1	1			
Towns Se	rved: OLD LYME	24	• •	•					
Motor C	estam Facility DICTRIBUT		oring Requ	irement	S				
	ystem Facility: DISTRIBUT	IION SYSTEM (WSFT	D: 00600)				1 10	utino (DT)	nor quarter
	Total Coliform (3100) Sampling Point (Sampling Point ID)				Pariod	Collec	tion Perio	-	per quarter
				<i>Monitoring</i> 10/1/18 - 12		Conec	tion Peno		
Selec	Select from Inventory of Active Sampling Points								omplete
			1/1/19 - 3/3				C	omplete	
				4/1/19 - 6/3					
Di	I D (DDC)			7/1/19 - 9/	30/19		4	(DT)	
•	Parameters (PPS)	(D)		Monitorina	Daviad	Callac			per quarter
Sampling Point (Sampling Point ID)				Monitoring		Collec	tion Perio	•	liance Status
Select from Inventory of Active Sampling Points			-	10/1/18 - 12					omplete
				1/1/19 - 3/3				C	omplete
				4/1/19 - 6/					
				7/1/19 - 9/	30/19				
	ystem Facility: ENTRY PO	INT (WSF ID: 00700)							,
	And Nitrite (NOX)							-	RT) per year
	pling Point (Sampling Point I	ID)		Monitoring		Collec	tion Perio		liance Status
ENT	RY POINT (3)			1/1/18 - 12/31/18					omplete
				1/1/19 - 12/31/19 Complete					
				1/1/20 - 12/	•				
	Wa	ter System Facili	ity and San	npling Po	oint Ir	nvento	ry		
Water						Total	Lead an	d	
System	Water System Facility	Sampling Point		nt		Coliforn	1 Сорреі	•	Stage
Facility IE		ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
21844	WELL	2	WELL		Α				
58237	FILTER VESSEL								
		Con	tact Inforr	nation					
Name			rganization					Job Title	
	dore Anastasiou		-			Co	ook		
Mailing A	ddress Line One	Mailing Address	s Line Two				City	State	Zip Code
		<u> </u>					•		<u> </u>

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

264 Shore Road

Business Phone

860-434-1517

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-434-2609

Schedule Generation Date: 4/11/2019 Page 23

Old Lyme

f.anastasiou1954@gmail.com

Emergency Phone Email Address

860-460-4330

СТ

06371

Connecticut Department of Public Health Drinking Water Section	ion
Water Quality Monitoring and Compliance Schedule	

water quanty monitoring and compliance beneaute									
PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source	
CT1050264	OLD LYME PIZZA PALACE INC.					25	Р	GW	
Local Address (Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
264 SHORE ROAD		Connections		1					
_									

Towns Served: OLD LYME

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1050344	CT1050344 SOUTH SHORE LANDING					49	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
230 SHORE ROAD		Connections			2			

Towns Served: OLD LYME							
Monitoring	Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)						
Asbestos (1094)		1 routine (RT) per n					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	1/1/10 - 12/31/18						
	1/1/19 - 12/31/27						
Total Coliform (3100)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18						
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Lead And Copper (PBCU)		5 routine	(RT) per six months				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18						
	1/1/19 - 6/30/19						
	7/1/19 - 12/31/19						
Physical Parameters (PPS)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18						
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/17 - 12/31/19						
	1/1/20 - 12/31/22						
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/18 - 12/31/18						
	1/1/19 - 12/31/19						
	1/1/20 - 12/31/20						
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	10/1/18 - 12/31/18						
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Organic Chemicals (VOCS)			ine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	10/1/18 - 12/31/18						

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1050344	SOUTH SHORE LANDING			NC	49	Р	GW
Local Address (where applicable)		Service	Resident	ial Commerc	ial Industri	al Combine	ed Agricultural
230 SHORE ROA	D	Connections		2			

Towns Served: OLD LYME

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Organic Chemicals (VOCS)	1 routi	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

RESPOND TO SANITARY SURVEY 9/11/2006

Public Notification Requirements									
	Compliance	Notice	Public No	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	11/13/2019	4/10/2019	11/23/2019	4/10/2019			
Organic Chemicals M&R Violation	7/1/18 - 9/30/18	3	11/20/2019	4/10/2019	11/30/2019	4/10/2019			
Pesticides, Herbicides and PCBs - Phase M&R Violation	7/1/18 - 9/30/18	3	11/20/2019	4/10/2019	11/30/2019	4/10/2019			
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	11/20/2019	4/10/2019	11/30/2019	4/10/2019			
Organic Chemicals M&R Violation	10/1/18 - 12/31/18	3	2/13/2020	4/10/2019	2/23/2020	4/10/2019			
Pesticides, Herbicides and PCBs - Phase M&R Violation	10/1/18 - 12/31/18	3	2/13/2020	4/10/2019	2/23/2020	4/10/2019			
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/13/2020	4/10/2019	2/23/2020	4/10/2019			
Nitrate And Nitrite M&R Violation	1/1/18 - 12/31/18	3	2/13/2020	4/10/2019	2/23/2020	4/10/2019			
Lead and Copper M&R Violation	7/1/18 - 12/31/18	3	2/13/2020	4/10/2019	2/23/2020	4/10/2019			
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/13/2020	4/10/2019	2/23/2020	4/10/2019			
Asbestos M&R Violation	1/1/10 - 12/31/18	3	2/13/2020	4/10/2019	2/23/2020	4/10/2019			

Water System Facility and Sampling Point Inventory Total Lead and Water Water System Facility Sampling Point Sampling Point System **Coliform** Copper Staae Facility ID ID **Description** Rule Rule Tier Asbestos WQP 2 DBPR Status

00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y

DOWNSTREAM WITHIN 5 SERVICE CON A

UPSTREAM WITHIN 5 SERVICE CON A

 00700
 ENTRY POINT
 3
 ENTRY POINT
 A

 21850
 WELL
 2
 WELL
 A

59146 TREATMENT PLANT

Contact Information

Name Organization Job Title

Ms. Kelly Angelini Capitol Holding of Ct, Inc.

Mailing Address Line Two

Mailing Address Line One Mailing Address Line Two City State Zip Code
230 Shore Road Suite #204 Old Lyme CT 06371

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

860-227-4963 860-434-3259 kelly@simpsonhealthcare.com

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section										
	Water	r Qua	lity Mon	itoring ai	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT1050344	SOUTH SHORE LAN	DING				N	С	49	Р	GW	
Local Address (where applicable)				Service	Residen	itial Co	mmerci	al Industri	al Combine	ed Agricultural	
230 SHORE ROAD				Connection	IS		2				
Towns Served: O	LD LYME				,			,			
Contact Role(s):	Administrative Con	itact, Leg	gal Contact								
Name				Organization			Job Title				
Capital Holdings	of CT Inc.										
Mailing Address	ine One		Mailing Addr	ess Line Two			City		State	Zip Code	
230 Shore Rd							Old Lyı	me	СТ	06371	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	one Email Address				
Contact Role(s):	Owner		,								

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1050364	85 HALLS ROAD				NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
85 HALLS ROAD		Connections			1			

Towns Served: OLD LYME

Water

System

Facility ID

Water System Facility

00600 DISTRIBUTION SYSTEM

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	•		
Total Coliform (3100)	00)	1 rous	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18	Concetion remod	Complete
Select Horri Inventory of Active Sumpling Forms	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		Complete
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)	10/1/13 10/31/13	1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	11/1/18 - 11/30/18		Complete
5.6.1.1.56.1.6.1.6.1.(1)	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		·
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		·

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DISTRIBUTION SYSTEM

Description

DOWNSTREAM WITHIN 5 SERVICE CON

Water System Facility and Sampling Point Inventory

Sampling Point Sampling Point

ID

4

Total

Coliform

Rule

Υ

Status

Α

Lead and

Copper

Stage

Rule Tier Asbestos WQP 2 DBPR

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
CT1050364	85 HALLS ROAD					NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
85 HALLS ROAD			Connections			1			

Towns Served: OLD LYME

•	Water System Facility and Sampling Point Inventory											
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		age DBPR				
	UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700 ENTRY POINT	3	ENTRY POINT	Α									
21852 WELL 1	2	WELL	Α									

				Contact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Scott Parker				Cpd Energy (Corp	Env & Const. Manager			
Mailing Address Line One Mailing Addr			Address Line Two		City		State	Zip Code	
536 Main Street						New Pal	tz	NY	12561
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	mail Address		
845-256-0162		845-255-2	2305						

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmen	nt of Public H	lealth	Dı	rinking	Water	Section	
	Water Quality M	onitoring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1050394	STELLAS				NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerci	al Industria	al Combine	d Agricultural
163 BOSTON P	OST ROAD	Connections			1			
Towns Served:	OLD LYME							,
	М	onitoring Requ	ireme	nts	•			
Water System	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Colifor	m (3100)					1	routine (RT	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Per	iod Comp	liance Status
Select fro	m Inventory of Active Sampling Points		10/1/18 -	- 12/	31/18		(Complete
			1/1/19 -	- 3/3	1/19			
			4/1/19 -					
			7/1/19 -	- 9/3	0/19			
-	ameters (PPS)					1		per quarter
Sampling	Point (Sampling Point ID)		Monitoring Period			ollection Per	iod Comp	liance Status
Select fro	m Inventory of Active Sampling Points		10/1/18 -	- 12/	31/18		(Complete
			1/1/19 -					
			4/1/19 -					
			7/1/19 -	- 9/3	0/19			
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)						
	Nitrite (NOX)							RT) per year
	Point (Sampling Point ID)		Monitori			ollection Per		liance Status
ENTRY PO	INT (3)		1/1/18 -				(Complete
			1/1/19 -					
			1/1/20 -	12/3	31/20			
	Public	Notification R	equire	eme	ents			
_		Compliance	Notice	?	•	<u>otification</u>		<u>rtification</u>
Violation/Situa		Period	Tier		Required	Performed		
	eters M&R Violation	7/1/17 - 9/30/17	3		1/17/2019		1/27/2019	
Total Coliform		7/1/17 - 9/30/17	3		1/17/2019		1/27/2019	
Physical Param	eters M&R Violation	10/1/17 - 12/31/17	3		3/19/2019		3/29/2019)

	Public Notification Requirements									
	Compliance	Notice	<u>Public Notification</u>		PN Certij	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	7/1/17 - 9/30/17	3	1/17/2019		1/27/2019					
Total Coliform M&R Violation	7/1/17 - 9/30/17	3	1/17/2019		1/27/2019					
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/19/2019		3/29/2019					
Nitrate And Nitrite M&R Violation	1/1/17 - 12/31/17	3	3/19/2019		3/29/2019					
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/19/2019		3/29/2019					

	W	ater System Facili	ty and Sampling P	oint Ir	nventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21855	WELL	2	WELL	Α					
59547	TREATMENT PLANT								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Mo	nitoring and	d Con	npliance	Schedul	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1050394	STELLAS			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
163 BOSTON PC	ST ROAD	Connections		1			
Towns Served: (OLD LYME	<u>'</u>				,	

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation					
Name				Organization	l		Job Title			
Ms. Viktoriya Sefer	i									
Mailing Address Line One Mailin			Mailing Addr	ress Line Two			City	State	Zip Code	
			163 Boston F	Post Road	nd Old Lyme			СТ	06371	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress			
860-501-2276						vkolot@	ot@yahoo.com			
Contact Role(s): A	dministrative (Contact								
Name				Organization	1	Job Title				
Mr. Robert Schiand)									
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code	
			163 Boston F	Post Road		Old Lym	5	СТ	06371	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress			
860-514-4840										
Contact Role(s): Le	gal Contact, C)wner			•					

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		. 1 1	1.1 5		***	-			
Con	nnecticut Department of P				_		ction		
	Water Quality Monitor	ing and							
	Name		Cla		•	Own		Primary Source	
	T ANNS CHURCH			NC	25		Р	GW	
Local Address (where		ervice	Residential	Commerc	cial Industr	ial	Combine	d Agricultural	
82 SHORE ROAD		onnections					1		
Towns Served: OLD LY		_				_			
NA/ C	Monitori		irements						
•	ty: DISTRIBUTION SYSTEM (WSF ID: 0	00600)				1	Line (DT)		
Total Coliform (310			Ndamikanina F	Davia d				per quarter	
	Sampling Point ID)		Monitoring F		Collection Po	erioa		liance Status	
Select from inver	ntory of Active Sampling Points		1/1/18 - 12/				omplete		
			1/1/19 - 3/3					omplete	
			4/1/19 - 6/3						
Dhysical Dayswester	(DDC)		7/1/19 - 9/3	0/19		1	tina /DT	\	
Physical Parameter	Sampling Point ID)		Manitarina F	Pariod			-	per quarter	
			Monitoring F		Collection Po	liance Status			
Select from inver	ntory of Active Sampling Points		1/1/18 - 12/					omplete	
			1/1/19 - 3/3					omplete	
			4/1/19 - 6/3						
Water System Facilit	ty: ENTRY POINT (WSF ID: 00700)		7/1/19 - 9/3	0/19					
•	•					4 .		DT\	
Nitrate And Nitrite			Monitoring F	Pariod	Callastian D			RT) per year	
	Sampling Point ID)		Collection Po	erioa		liance Status			
ENTRY POINT (3)		1/1/18 - 12/31/18					Complete Complete		
			1/1/19 - 12/3					ompiete	
			1/1/20 - 12/3						
	Monthly Water System Facility	/ (WSF) L	evel Mor	nitoring	Require	emer	nts		
Water System Facilit	ty: ENTRY POINT (WSFID: 00700)								
Analyte	Monitoring Requirement (Summary	Type)	Operatii	_			Samples	Req/Month	
рН	Entry Point pH Monitoring (PHRD)			m: 7.0 PH				4	
Start Date: 3/1/2	005	-	nce History:	U	perating Lin		Monit	_	
			ing Period		ompliance S	tatus:	Compl	iance Status:	
			18 - 11/30/20					N	
			18 - 12/31/20					N	
			9 - 1/31/2019					N	
			9 - 2/28/2019					N	
			9 - 3/31/2019						
		4/1/2019	9 - 4/30/2019	9					
	Other Con	npliance	Schedule	es					
Compliance Schedule	Activity		Due	Date	Achi	eved L	Date		
	YEMPTION		2/1/	2012					
CROSS CONNECTION E	.XLIVII TION		3/1/	2012					
CROSS CONNECTION E RESPOND TO SANITAR				/2015					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Notice

Tier

3

3

Public Notification

Performed

Required

10/15/2013

10/15/2013

PN Certification

Received

Due to DPH

10/25/2013

10/25/2013

Compliance

Period

8/1/12 - 8/31/12

7/1/12 - 7/31/12

Violation/Situation

pH M&R Violation

pH M&R Violation

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1059113	SAINT ANNS CHURCH			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
82 SHORE ROA	D	Connections				1	

Towns Served: OLD LYME

Public Notification Requirements										
	Compliance	Notice	Public Notification		PN Certij	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
pH M&R Violation	9/1/12 - 9/30/12	3	11/9/2013		11/19/2013					
pH M&R Violation	10/1/12 - 10/31/12	3	12/18/2013		12/28/2013					
pH M&R Violation	1/1/13 - 1/31/13	3	3/14/2014		3/24/2014					
pH M&R Violation	7/1/13 - 7/31/13	3	9/25/2014		10/5/2014					
pH M&R Violation	11/1/14 - 11/30/14	3	1/9/2016		1/19/2016					
pH M&R Violation	10/1/14 - 10/31/14	3	1/9/2016		1/19/2016					

	Water	System Facili	ity and Sampling P	oint Ir	nvento	У			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM SA001	WITHIN 5 SERVICE CON MAIN KITCHEN SINK	A P	Υ	1			
		SA002	PRESCHOOL SINK	Р	Υ	1			
		SA003	UPSTAIRS MENSROOM	Р	Υ	1			
		SA004	DOWNSTAIRS MENSROOM	Р	Υ	1			
		SA005	DOWNSTAIRS WOMANSROO	Р	Υ	1			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
11018	WELL #1	2	WELL #1	Α					
49580	CALCITE TREATMENT PLANT								

Contact Information											
	Organization	า	Job Title								
Mr. Richard D. Lamourine				scopal Church	Property Administrat						
Mailing Address Line One Mailing Address			dress Line Two	ess Line Two			State	Zip Code			
					Old Lym	e	СТ	06371			
Extension	Fax	ı	Mobile Phone	Emergency Phone	Email Ad	ddress					
	860-434-2	2368									
	e One	e One Extension Fax	ourine e One Mailing Ad	Organization ourine St. Ann's Epi e One Mailing Address Line Two Extension Fax Mobile Phone	Organization ourine St. Ann's Episcopal Church e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization ourine St. Ann's Episcopal Church e One Mailing Address Line Two Old Lym Extension Fax Mobile Phone Emergency Phone Email Ad	Organization ourine St. Ann's Episcopal Church Property A e One Mailing Address Line Two City Old Lyme Extension Fax Mobile Phone Emergency Phone Email Address	Organization St. Ann's Episcopal Church e One Mailing Address Line Two City State Old Lyme Extension Fax Mobile Phone Emergency Phone Emergency Phone Email Address			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departme	nt of Dublic H	oalth Di	rinlzina	T Water	Soci	tion	
	Connecticut Departme			`			uon	
DIA/C ID	Water Quality M	ionitoring and					- T D.:	
PWS ID	PWS Name		Cla		Population		r Type Pri	
CT1059203	CHURCH OF CHRIST THE KING	Comico	Desidential	NC	305			GW
1 MCCURDY R	(where applicable)	Service Connections	Residential	Commerc	ial Industri	ai Co	ombined	Agricultura
Towns Served:		Connections		1				
TOWNS Served.		Ionitoring Requ	iromonts					
Mater Systen	n Facility: DISTRIBUTION SYSTEM		iii eiiieiits	<u> </u>				
Total Colifor	,	(4431 12.00000)			1	routi	ne (RT) n	er quarter
	Point (Sampling Point ID)		Monitoring F	Period (- Collection Pe			nce Status
	m Inventory of Active Sampling Points		10/1/18 - 12/			100		nplete
36.666.116	in inventory of Active Sampling Comes	•	1/1/19 - 3/3					nplete
			4/1/19 - 6/3				201	,
			7/1/19 - 9/3					
Physical Para	ameters (PPS)		, ,,-		1	routi	ne (RT) p	er quarter
•	Point (Sampling Point ID)		Monitoring F	Period (Collection Pe			nce Status
Select fro	m Inventory of Active Sampling Points		10/1/18 - 12/	31/18			Cor	nplete
			1/1/19 - 3/3	1/19			Cor	nplete
			4/1/19 - 6/3	0/19				
			7/1/19 - 9/3	0/19				
Water Systen	n Facility: ENTRY POINT (WSF ID: 0	00700)						
Nitrate And	Nitrite (NOX)					1 ro	utine (R	Γ) per year
Sampling	Point (Sampling Point ID)		Monitoring Period				Complia	nce Status
ENTRY PC	DINT (3)		1/1/18 - 12/31/18				Cor	nplete
			1/1/19 - 12/3	31/19				
			1/1/20 - 12/3	31/20				
	Monthly Water System	Facility (WSF) L	evel Mor	nitoring	Require	ment	ts	
Water Systen	n Facility: ENTRY POINT (WSFID: 0	0700)						
Analyte	Monitoring Requirement		Operatii	ng Limit		Sa	mples Re	q/Month
рН	Entry Point pH Monitoring	(PHRD)	Minimu	m: 7.0 PH			4	
Start Date:	11/1/2005	Complia	nce History:	Oı	perating Lim	it	Monitori	ng
		Monitor	ing Period	Co	mpliance St	atus:	Complian	nce Status:
		11/1/20	18 - 11/30/20)18				N
			18 - 12/31/20					N
			9 - 1/31/2019					N
			9 - 2/28/2019					N
			9 - 3/31/2019					
		4/1/201	9 - 4/30/2019)				
	Ot	her Compliance	Schedule	es				
Compliance Sc	hedule Activity		Due	Date	Achie	ved Da	ite	
CROSS CONNE	CTION SURVEY REPORT		3/1/	2020				
	Water System	Facility and Sar	npling Po	int Inve	entorv			
	•	•						

Lead and Water Total **Water System Facility** Sampling Point Sampling Point System **Coliform** Copper Stage **Facility ID** ID **Description** Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 **DISTRIBUTION SYSTEM** 1910-1 **OFFICE SINK** Υ Ν Α 1910-10 SOUTH MENS RM SINK Α Υ Ν

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	/S ID PWS Name					Population O		ner Type	Primary Source		
CT1059203	CHURCH OF CHRIST THE KING	CHURCH OF CHRIST THE KING						Р	GW		
Local Address (where applicable)	Service	Residen	tial	Commerci	al Industri	al	Combine	d Agricultural		
1 MCCURDY RC	Connections	1									
Towns Served:	OLD LYMF										

Water System Wa Facility ID	ater System Facility	Sampling Point ID 1910-2 1910-3 1910-4	Sampling Point Description KITCHEN SINK SOUTH LADIES RM SINK	Status A	Total Coliform Rule Y		Asbestos	Sta
		1910-3		Α	V			
			SOUTH LADIES RM SINK		Į.	N		
		1910-4		Α	Υ	N		
		1010 .	FAMILY BATHROOM SINK	Α	Υ	N		
		1910-5	NORTH LADIES RM SINK	Α	Υ	N		
		1910-6	NORTH MEN'S RM SINK	Α	Υ	N		
		1910-7	ROBING ROOM SINK	Α	Υ	N		
		1910-8	SACRISTY SINK	Α	Υ	N		
		1910-9	MAINT ROOM SINK	Α	Υ	N		
		4	GENERIC DISTRIBUTION	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 EN	NTRY POINT	3	ENTRY POINT	Α				
50718 WE	ELL 1	2	WELL 1	Α				
50722 TRE	REATMENT PLANT							
50724 ATI	TMOSPHERIC TANK							
50726 BLA	ADDER TANKS							
50728 PU	JMP STATION							

			Certifi	ed Operat	or Information				
Water System Fac	cility: TREAT	MENT PLANT	(WSF I	D: 50722)					
Facility Classification	on:								Certification
Operator Name			Operator	Туре	Certification(s)				Expiration
BRAIG, ALLEN L.		CH	IIEF OPER	RATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV				6/30/2019
					DISTRIBUTION SYST	гем оре	RATOR - CLA	SS II	12/31/2021
			C	Contact Inf	ormation				
Name				Organization	l			Job Title	
Reverend Joseph A	she			Church of Ch	Christ The King Pastor				
Mailing Address Lin	e One	M	ailing Add	dress Line Two			City	State	Zip Code
1 McCurdy Road						Old Lym	e	СТ	06371
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ad	ldress	· · · · · ·	
860-434-1669		860-434-714	10		860-434-1660	CTKOLD	LYME@AOL.	СОМ	

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quanty Monitoring and Comphance Schedule										
PWS ID	/S ID PWS Name C					Population	Owner Type	Primary Source			
CT1059203	CHURCH OF CHRIST THE KING			NC	305	Р	GW				
Local Address (Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural				
1 MCCURDY RC	Connections										

Towns Served: OLD LYME

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name				Classification Population		Owner Type	Primary Source				
CT1059204 OLD LYME COUNTRY CLUB- TENNIS COURT					NC		Р	GW			
Local Address (v	vhere applicable)	Service	Residen	itial Commerci		al Industri	al Combine	ed Agricultural			
Connections				1							
Towns Served: OLD LYME											

Towns Served: OLD LYME			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Com	pliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
CROSS CONNECTION SURVEY REPORT	3/1/2016		

ESPOND TO SANITARY SURVEY 4/27/2019												
Public Notification Requirements												
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>												
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/17 - 5/4/18	2	7/30/2017	3/23/2019	8/9/2017	3/29/2019						
Physical Parameters M&R Violation	6/1/18 - 6/30/18	3	8/31/2019	3/23/2019	9/10/2019	3/29/2019						
Physical Parameters M&R Violation	5/1/18 - 5/31/18	3	8/31/2019	3/23/2019	9/10/2019	3/29/2019						
Total Coliform M&R Violation	6/1/18 - 6/30/18	3	8/31/2019	3/23/2019	9/10/2019	3/29/2019						
Total Coliform M&R Violation	5/1/18 - 5/31/18	3	8/31/2019	3/23/2019	9/10/2019	3/29/2019						
E. Coli	9/1/18 - 9/30/18	3	11/13/2019	3/14/2019	11/23/2019	3/14/2019						
Total Coliform M&R Violation	7/1/18 - 7/31/18	3	11/13/2019	3/14/2019	11/23/2019	3/14/2019						
Physical Parameters M&R Violation	7/1/18 - 7/31/18	3	11/20/2019	3/14/2019	11/30/2019	3/14/2019						

4/1/2019

SEASONAL START UP COMPLETION

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	dominocione a open emone or i abno incaren a immigue a comon												
Water Quality Monitoring and Compliance Schedule													
PWS ID PWS Name					Classification Population Owner			e Primary Source					
CT1059204	CT1059204 OLD LYME COUNTRY CLUB- TENNIS COURT						Р	GW					
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural					
		Connections			1								
Towns Served: 0	owns Served: OLD LYME												

		Water Sv	stem Facili	ity and S	ampling Poi	nt In	vento	rv		
Facility ID	ystem Facility UTION SYSTEM	Sa	ampling Point ID 4 OWNSTREAM UPSTREAM	Sampling I Description DISTRIBUT WITHIN 5 S	Point 1 S ION SYSTEM	itatus A A	Total Coliform Rule	Lead and Copper	Asbestos	Stage 5 WQP 2 DBPI
00700 ENTRY P	OINT		3	ENTRY POI		A				
56573 WELL D			2	WELL D		Α				
			Con	tact Info	rmation					
Name			Oı	rganization					Job Title	
Old Lyme Country	Club									
Mailing Address Lin	ie One	N	/lailing Addres	s Line Two			С	ity	State	Zip Code
40 McCurdy Road		P	O Box 276			Old	l Lyme		СТ	06371
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Phor	ne Em	ail Addre	ess.		
Contact Role(s): O	wner									
Name			Oi	rganization					Job Title	
Mr. Michael Iwanio	cki			ld Lyme Cou	ntry Club		Ge	neral Mana		
Mailing Address Lin	ie One	N	Nailing Address		,			ity	State	Zip Code
40 McCurdy Road						Old	Lyme	·	СТ	06371
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Phor	ne Em	ail Addre	ess		
860-434-1639	112	860-434-33	326			gm	@oldlym	ecc.com		
Contact Role(s): A	dministrative	Contact	1							
Name			Oı	rganization					Job Title	
Mr. Fran Sablone			OI	ld Lyme Cou	ntry Club		Pre	esident		
Mailing Address Lir	ie One	N	Aailing Address	s Line Two			С	ity	State	Zip Code
40 McCurdy Rd						Old	l Lyme		СТ	06371
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Phor	ne Em	ail Addre	ess		
860-434-1639	112	860-434-33	326			fsa	blone@g	mail.com		
Contact Role(s): Le	egal Contact									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source					
CT1059214 OLD LYME COUNTRY CLUB- POOL CABANA				NC	NC 25		GW					
Local Address (v	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural						
40 MCCURDY RO	Connections				1							

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

SEASONAL START UP COMPLETION

Towns Served: OLD LYME						
Monitor	ing Requirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)					
Total Coliform (3100)		1 routine (RT) per mo				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19					
	5/1/19 - 5/31/19					
	6/1/19 - 6/30/19					
	7/1/19 - 7/31/19					
	8/1/19 - 8/31/19					
	9/1/19 - 9/30/19					
Physical Parameters (PPS)		1 rou	tine (RT) per month			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19					
	5/1/19 - 5/31/19					
	6/1/19 - 6/30/19					
	7/1/19 - 7/31/19					
	8/1/19 - 8/31/19					
	9/1/19 - 9/30/19					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19					
	1/1/20 - 12/31/20					
Other Con	npliance Schedules					
Compliance Schedule Activity	Due Date	Achieved D	ate			

RESPOND TO SANITARY SURVEY 4/27/2019													
Public Notification Requirements													
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>													
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received							
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/17 - 5/3/18	2	7/30/2017	3/23/2019	8/9/2017	3/29/2019							
Physical Parameters M&R Violation	6/1/18 - 6/30/18	3	8/31/2019	3/23/2019	9/10/2019	3/29/2019							
Physical Parameters M&R Violation	5/1/18 - 5/31/18	3	8/31/2019	3/23/2019	9/10/2019	3/29/2019							
Total Coliform M&R Violation	6/1/18 - 6/30/18	3	8/31/2019	3/23/2019	9/10/2019	3/29/2019							
Total Coliform M&R Violation	5/1/18 - 5/31/18	3	8/31/2019	3/23/2019	9/10/2019	3/29/2019							
Total Coliform M&R Violation	7/1/18 - 7/31/18	3	11/13/2019	3/14/2119	11/23/2019	3/14/2119							
Physical Parameters M&R Violation	7/1/18 - 7/31/18	3	11/20/2019	3/14/2019	11/30/2019	3/14/2019							

3/1/2012

3/1/2016

4/1/2019

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source				
CT1059214 OLD LYME COUNTRY CLUB- POOL CABANA					NC	25	Р	GW				
Local Address (v	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural					
40 MCCURDY R	Connections					1						

Towns Served: OLD LYME

	,	Water System	Faci	lity and S	Sampling Pol	int	Invent	ory		
Water System W Facility ID	ater System Facility	Sampling ID		t Sampling l			Total Colifor	m Copper	Achestos	Stage WQP 2 DBPR
	CTDIDLITION CVCTEM			-	ION SYSTEM	Statu ^	is naie	Nuie Hei	Asbestos	WQI Z DDI I
00600 DI	STRIBUTION SYSTEM	4				A				
				_	SERVICE CON	A				
		UPSTR			SERVICE CON	Α				
00700 EN	NTRY POINT	3		ENTRY PO	INT	Α				
56579 W	ELL B	2		WELL B		Α				
			Co	ntact Info	ormation					
Name			C	Organization					Job Title	
Old Lyme Co	untry Club									
Mailing Addr	ess Line One	Mailing A	Addre	ss Line Two			•	City	State	Zip Code
40 McCurdy I	Road	P O Box	276			C	Old Lyme		СТ	06371
Business Ph	none Extension	Fax	Mok	ile Phone	Emergency Pho	ne E	mail Add	ress		
Contact Role	(s): Owner									
Name	• • •		(Organization					Job Title	
Mr. Michael	Iwanicki		C	Old Lyme Cou	untry Club		C	General Mana	ger	
Mailing Addr	ess Line One	Mailing A	Addre	ss Line Two	•			City	State	Zip Code
40 McCurdy I	Road					C	Old Lyme		СТ	06371
Business Ph	none Extension	Fax	Mot	ile Phone	Emergency Pho	ne E	mail Add	ress		
860-434-1	639 112	860-434-3326				g	m@oldly	mecc.com		
Contact Role	(s): Administrative (Contact			1					
Name			C	Organization					Job Title	
Mr. Fran Sab	lone		C	Old Lyme Cou	untry Club		F	resident		
Mailing Addr	ess Line One	Mailing A	Addre	ss Line Two				City	State	Zip Code
40 McCurdy I	Rd					C	Old Lyme		СТ	06371

Contact Role(s): Legal Contact

Please note the following:

Extension

112

Business Phone

860-434-1639

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

860-434-3326

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Emergency Phone Email Address

fsablone@gmail.com

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	•	of Public H			\sim					
PWS ID PWS Name	r Quality Mon	intoring and					_	ner Type Pr	imanı Caura	
CT1059224 GRAYBILL PROPERT	IEC II.C			Clas	NC	35	I Ow	P Pr	GW	
Local Address (where applicable)	ies, ele	Service	Resident	tial	Commercia		rial	Combined	Agricultura	
11 HALL'S ROAD		Connections	Resident	tiai	1	ai iiiuusti	ıaı	Combined	Agricultura	
Towns Served: OLD LYME										
TOWNS SERVED. GED ETIME	Mon	itoring Requ	iiramai	ntc						
Water System Facility: DISTRIBU			iii eiiiei	1163	<u> </u>					
Total Coliform (3100)	THORESTSTERN (WS	1 10.00000					1 ro	utine (RT) r	er quarter	
Sampling Point (Sampling Point		Monitorir	na P	Period Co	ollection Po			tine (RT) per quarter Compliance Status		
Select from Inventory of Active		10/1/18 -						Complete		
		1/1/19 -						mplete		
		4/1/19 -								
			7/1/19 -	9/3	0/19					
Physical Parameters (PPS)							1 ro	utine (RT) p	er quarter	
Sampling Point (Sampling Point	t ID)		Monitorir	ng P	Period Co	ollection P	eriod	Complic	ance Status	
Select from Inventory of Active	Sampling Points		10/1/18 - 12/31/18					Cor	Complete	
			1/1/19 -	3/3	1/19			Cor	mplete	
			4/1/19 -	6/3	0/19					
			7/1/19 -	9/3	0/19					
Water System Facility: ENTRY P	OINT (WSF ID: 0070	00)								
Nitrate And Nitrite (NOX)							1	routine (R	T) per year	
Sampling Point (Sampling Point	t ID)		Monitorir	ng P	Period Co	ollection P	eriod	Complic	ance Status	
ENTRY POINT (3)			1/1/18 - 12/31/18			Complete				
			1/1/19 - 1					Cor	mplete	
			1/1/20 - 1	12/ 3	31/20					

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certific</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
E. Coli	7/1/18 - 9/30/18	3	11/13/2019		11/23/2019						

Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBURION SYSTEM	Α						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
56960	WELL	2	WELL	Α						
56962	TREATMENT PLANT									

Contact Information										
Name				Organization	า		Job Title			
Mr. James L. Graybill				Graybill Pro	Graybill Properites					
Mailing Address Line One Mailing Addr				Address Line Two	ress Line Two			State	Zip Code	
27 Sill Lane					Old Lyme			СТ	06371	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
862-434-3530 860-434-8823			8823		860-304-2535	aptolct@	aol.com			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

CT1059224	224 GRAYBILL PROPERTIES, LLC		NC	35	Р	GW						
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source						
Water Quality Monitoring and Compliance Schedule												
	Connecticut Department of Public Health Drinking Water Section											

Connections

Residential Commercial Industrial

1

Service

Towns Served: OLD LYME

11 HALL'S ROAD

Local Address (where applicable)

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Agricultural

Combined

	0 11 15	· CD lli	r 1.1	D	. 1.	TAT .	0 .:		
	Connecticut Departmen				_				
	Water Quality M	onitoring an	d Con	_			1		
PWS ID	PWS Name			Cla		-		Primary Source	
CT1059244	34 LYME STREET		5		NC	35	Р	GW	
	ocal Address (where applicable) Service 4 LYME STREET Conne			ntial	Commerci	al Industria		d Agricultura	
Towns Served:		Connections					1		
Towns Serveu:			•						
		onitoring Requ	ııreme	ents	5				
,	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliforn	•						· ·) per quarter	
	Point (Sampling Point ID)		Monitor			ollection Per		oliance Status	
Select fror	n Inventory of Active Sampling Points		10/1/18					Complete	
			1/1/19				(Complete	
			4/1/19						
	. (550)		7/1/19	- 9/:	30/19		/		
_	meters (PPS)						-) per quarter	
	Point (Sampling Point ID)		Monitor			ollection Per		oliance Status	
Select from	m Inventory of Active Sampling Points		10/1/18					Complete	
			1/1/19					Complete	
			4/1/19 - 6/30/19 7/1/19 - 9/30/19						
Matar Systam	Facility: ENTRY POINT (WSF ID: 0	10700\	//1/19	- 9/3	30/19				
,	,	10700)					1	(DT)	
Nitrate And N	Point (Sampling Point ID)		Monitor	ina l	Dariod C	ollection Per		(RT) per year pliance Status	
ENTRY PO						onection Fer			
ENTRIPO	1141 (3)		1/1/18 - 12/31/18 Complete 1/1/19 - 12/31/19 Complete						
			1/1/20 -					Joinpiete	
	Public	C Notification R							
	i usii	Compliance				atification	DN C	rtification	
Violation/Situa	ition	Period Period	Notice Tier		Required	<u>otification</u> Performed		rtification H Received	
Nitrate And Nit	rite M&R Violation	1/1/13 - 12/31/13	2		6/7/2014		6/17/201		
Total Coliform I	M&R Violation	10/1/13 - 12/31/13	2		6/7/2014		6/17/201		
Total Coliform I	M&R Violation	7/1/13 - 9/30/13	2		6/7/2014		6/17/201		
Physical Parame	eters M&R Violation	7/1/13 - 9/30/13	3		2/25/2015		3/7/2015		
DI	. MODV. L.:	40/4/42 42/24/42	2		= /0/004=		= /40/004		

Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Nitrate And Nitrite M&R Violation	1/1/13 - 12/31/13	2	6/7/2014		6/17/2014					
Total Coliform M&R Violation	10/1/13 - 12/31/13	2	6/7/2014		6/17/2014					
Total Coliform M&R Violation	7/1/13 - 9/30/13	2	6/7/2014		6/17/2014					
Physical Parameters M&R Violation	7/1/13 - 9/30/13	3	2/25/2015		3/7/2015					
Physical Parameters M&R Violation	10/1/13 - 12/31/13	3	5/8/2015		5/18/2015					
Water System Facility and Sampling Point Inventory										
Water System Facility	Consuling Point Consuling Poin			tal Lead ar		6.				

trace system radinty and sampling rollie inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage DBPR	
00301	TREATMENT PLANT									
00501	WELL 1	2	WELL 1	Α						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1059244	34 LYME STREET				NC	35	Р	GW
Local Address (v	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
34 LYME STREET	Г	Connections					1	

Contact Information										
Name				1		Job Title				
Ms. Angeline P. Reale				Kallie, LLC						
Mailing Address Line One Mailing Addr					City		State	Zip Code		
					Old Lyme	е	СТ	06371		
Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address					
					cashmerecook@gmail.com					
	e One	e One	ale e One Mailing Addı	Organization Ale Kallie, LLC e One Mailing Address Line Two	Organization Ale Kallie, LLC e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Kallie, LLC e One Mailing Address Line Two Old Lymo Extension Fax Mobile Phone Emergency Phone Email Address Line Two	Organization Ale Kallie, LLC Owner e One Mailing Address Line Two City Old Lyme Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Kallie, LLC Owner e One Mailing Address Line Two City State Old Lyme CT Extension Fax Mobile Phone Emergency Phone Email Address		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Pub			ction							
Water Quality Monitoring	g and Complianc	e Schedule								
PWS ID PWS Name	Classification	on Population Own	ner Type Primary Source							
CT1059234 LYME SENIOR CTR/TOWN WOODS PARK	NC	25	L GW							
Local Address (where applicable) Service	e Residential Comm	ercial Industrial	Combined Agricultural							
26 TOWN WOODS ROAD Conne	ctions 2									
Towns Served: OLD LYME			,							
Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 0	00)									
Total Coliform (3100)		1 rou	tine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	1/1/19 - 3/31/19		Complete							
Total Coliform (3100)		2 rou	tine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS)		2 rou	tine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
DISTRIBUTION SYSTEM-LYMES SENIOR CENTER (4-LYMESSRCT)	10/1/18 - 12/31/18		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
DISTRIBUTION SYSTEM-TOWN WOODS PARK (4-TOWNWDSPK)	10/1/18 - 12/31/18		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS)		1 rou	tine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
DISTRIBUTION SYSTEM-LYMES SENIOR CENTER (4-LYMESSRCT)	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Water System Facility: TOWN WOODS PARK ENTRY POINT (WSF ID: 00702)									
Nitrate And Nitrite (NOX)		1	routine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
TOWN WOODS PARK ENTRY POINT (3-TWP)	1/1/18 - 12/31/18		Complete							
	1/1/19 - 12/31/19		_							
	1/1/20 - 12/31/20									
Water System Facility: SENIOR CENTER WELL #1 ENTRY POIN	T (WSF ID: 00703)									
Nitrate And Nitrite (NOX)		1	routine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
SENIOR WELL #1 EP (3)	1/1/18 - 12/31/18		Complete							
	1/1/19 - 12/31/19		Complete							
	1/1/20 - 12/31/20		·							
Public Notificat	ion Requirements									
r ubile Notificat	ion requirements									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Notice

Tier

3

Public Notification

Performed

Required

11/13/2019

PN Certification

Received

Due to DPH

11/23/2019

Compliance

Period

7/1/18 - 9/30/18

Violation/Situation

E. Coli

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>			1				
PWS ID	PWS Name			Classif	fication F	opulation	Owner Type	Primary Source
CT1059234	LYME SENIOR CTR/TOWN WOODS PARK					25	L	GW
Local Address (v	Service	Residen	ntial Commerc		Industria	al Combine	ed Agricultural	
26 TOWN WOO	DS ROAD	Connections			2			

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP					
00502	TOWN WOODS PARK WELL	2-TOWNWDSPK	TOWN WOODS PARK WELL	Α									
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α									
		4-LYMESSRCT	DISTRIBUTION SYSTEM-	Α	Υ								
		4-TOWNWDSPK	DISTRIBUTION SYSTEM-	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00702	TOWN WOODS PARK ENTRY POINT	3-TWP	TOWN WOODS PARK ENTR	Α									
00703	SENIOR CENTER WELL #1 ENTRY POINT	3	SENIOR WELL #1 EP	Α									
58668	SENIOR CENTER WELL #1	2	SENIOR CTR - WELL #1	Α									
58671	SENIOR CENTER BLADDER TANK												

				Contact Inf	ormation					
Name				Organization	า		Job Title			
Ms. Bonnie A. Reemsnyder				Town of Old	Lyme	First Selectman				
Mailing Address Line One Mailing Add				Address Line Two			City	State	Zip Code	
52 Lyme Street						Old Lym	е	СТ	06371	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-434-1605		860-434-2	1400			breemsnyder@oldlyme-ct.gov				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departme	nt of	Public H	lealth	Dı	rinking	g V	Vater S	Sec	ction	
	Water Quality M	Ionite	oring and	d Con	ıpl	iance :	Scl	nedule	,		
PWS ID	PWS Name				Cla	ssification	Pol	pulation C	Own	er Type Pr	imary Source
CT1059254	A. C. PETERSEN DRIVE-IN					NC		33		Р	GW
Local Address (where applicable)		Service	Residen	tial	Commerc	ial	Industrial		Combined	Agricultural
113 SHORE ROA	AD.		Connections			1					
Towns Served:	OLD LYME		1	1		1					'
	N	/lonito	ring Requ	iireme	nts	;					
Water System	Facility: DISTRIBUTION SYSTEM	(WSF I	D: 00600)								
Total Coliforn	n (3100)							1 1	rout	ine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitori	ng F	Period (Colle	ction Peri	od	Compli	ance Status
Select fror	n Inventory of Active Sampling Points			4/1/19 -	6/3	0/19					
				7/1/19 -	9/3	0/19					
Physical Para	meters (PPS)							1 1	rout	ine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitori	ng F	Period (Colle	ction Peri	od	Compli	ance Status
Select fron	n Inventory of Active Sampling Points			4/1/19 -	6/3	0/19					
				7/1/19 -	9/3	0/19					
Water System	Facility: ENTRY POINT (WSF ID:	00700)									
Nitrate (104	0)							1 1	rout	ine (RT) p	er quarter
Sampling	Sampling Point (Sampling Point ID)			Monitoring Period			Colle	ction Peri	od	Compli	ance Status
ENTRY POINT (3)				4/1/19 -	6/3	0/19					
				7/1/19 -	9/3	0/19					
Nitrite (1041)								1 r	outine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitori	ng F	Period (Colle	ction Peri		-	ance Status
ENTRY PO	INT (3)			1/1/18 -	12/3	31/18				Coi	mplete
				1/1/19 -	12/3	31/19			_		
				1/1/20 -	12/3	31/20					 -
Water System	Facility: WELL 1 (WSF ID: 58696)										
E. Coli (3014	1							1 ו	rout	ine (RT) p	er quarter
-	Point (Sampling Point ID)			Monitori	ng F	Period (Colle	ction Peri			ance Status
WELL 1 (2)				4/1/19 -	6/3	0/19					
				7/1/19 -	9/3	0/19					
	Ot	her Co	mpliance	Sched	lule	es					
Compliance Sch	nedule Activity		-		Due	Date		Achiev	ed D	ate	
SEASONAL STAI	RT UP COMPLETION			!	5/1/	2019					
	Publi	ic Noti	ification R	equire	me	ents					
		Сс	mpliance	Notice		<u>Public N</u>	lotif	<u>ication</u>	T	PN Cert	ification
Violation/Situa	ition		Period	Tier		Required	P	erformed	Dι	ue to DPH	Received
Nitrate M&R Vi	olation	7/1/	17 - 9/30/17	3		1/17/2019	3	/18/2019	1,	/27/2019	3/18/2019
	Water System	Facili [*]	ty and Sar	npling	Ро	int Inve	ent	ory			
Water						Т	otal	Lead a	nd		
•	er System Facility Sampling	g Point	Sampling Poi	nt		Col	lifori	т Сорре	er		Stage
Facility ID	IE)	Description			Status I	Rule	Rule T	ier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM 4		DISTRIBUTION	N SYSTEM	l	Α					
	DOWNS	TREAM	WITHIN 5 SER	RVICE CON	N	Α					
	UPSTR	REAM	WITHIN 5 SER	RVICE CON	N	Α	_		_		
00700 FNT	DV DOINT 2		ENITOV DOINIT			^					

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ENTRY POINT

WELL 1

Α

Α

3

2

00700

58696

ENTRY POINT

WELL 1

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

					1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1059254	A. C. PETERSEN DRIV	E-IN			NC	33	Р	GW
Local Address (where applicable)		Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
113 SHORE RO	AD.		Connections		1			

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5.4	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR			
58700	BLADDER TANK											
58702	TREATMENT PLANT											

			C	ontact Inf	ormation				
Name				Organization		Job Title			
Ms. Catherine O. Denton				A.C. Petersen At Hallmark, LLC Owner					
Mailing Address Line One Mailing Add			ress Line Two		City	State	Zip Code		
			240 Park Ro	ad		West Ha	rtford	СТ	06119
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ac	ldress		
860-233-3651		860-233-9	9941 86	0-833-9031		cadenton@comcast.net			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connecticut Dep								ection	
		Water Qu	ality Mon	itoring an	d Com	iplia	nce S	che	dule		
PWS ID		PWS Name				Classifi	cation F	opula	tion Ow	ner Type	Primary Source
CT105928	84	ALL PRO AUTOMOTIVE				N	С	35		Р	GW
Local Add	dress (w	here applicable)		Service	Residen	tial Co	mmercia	Ind	ustrial	Combine	d Agricultural
147 BOST	ON PO	T ROAD		Connections						1	
Towns Se	rved: C	DLD LYME									
			Moni	itoring Requ	uireme	nts					
Water Sy	ystem	Facility: DISTRIBUTION	SYSTEM (WSI	F ID: 00600)							
Total Co	oliform	(3100)							1 rou	utine (RT) per quarter
Sam	pling P	oint (Sampling Point ID)			Monitori	ng Perio	od Co	llectio	n Period	Comp	liance Status
Sele	ct from	Inventory of Active Sample	ing Points		10/1/18 -	12/31/	18			(Complete
					1/1/19 -	3/31/1	9				Complete
				4/1/19 - 6/30/19							
					7/1/19 -	9/30/1	9				
Physical	l Parar	neters (PPS)							1 rou	utine (RT) per quarter
Sam	pling P	oint (Sampling Point ID)			Monitori	ng Perio	od Co	llectio	n Period	Comp	oliance Status
Sele	ct from	Inventory of Active Sample	ing Points		10/1/18 -	12/31/	18			C	Complete
					1/1/19 -	3/31/1	9			(Complete
					4/1/19 -	6/30/1	9				
					7/1/19 -	9/30/1	9				
Water Sy	ystem	Facility: ENTRY POINT	(WSF ID: 0070	0)							
Nitrate A	And N	itrite (NOX)							1	routine	(RT) per year
Sam	pling P	oint (Sampling Point ID)			Monitori	ng Perio	od Co	llectio	n Period	Comp	liance Status
ENTI	RY POI	NT (3)			1/1/18 -	12/31/1	18			C	Complete
					1/1/19 -	12/31/1	L9			C	Complete
					1/1/20 -	12/31/2	20				
		Water	System Fac	ility and Sa	mpling	Point	Inven	itory	•		
Water							Tot		ead and		
System		r System Facility		nt Sampling Po	int		Colife		Copper		Stage
Facility IL		NIDUTION SVSTT	ID .	Description		Sta			Kule Tier	Asbesto	s WQP 2 DBPR
00600		RIBUTION SYSTEM	4	DISTRIBUTIO							
00700		Y POINT	3	ENTRY POIN		Δ					
60268	WELL	. 1	2	WELL 1		Δ	١				
			Co	ntact Infor	mation						
Name				Organization						Job Title	
Mr. Jame	s L. Gra	aybill		Graybill Properi	tes			Owne	er		
Mailing A	ddress	Line One	Mailing Addr	ess Line Two				City	, <u> </u>	State	Zip Code
27 Sill Lar	27 Sill Lane						Old Lym	e		СТ	06371

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Emergency Phone Email Address

aptolct@aol.com

860-304-2535

Business Phone

862-434-3530

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-434-8823

	Connectic	ut Depa	irtment c	of Public	Health	ı Drii	nking	g Water	Section				
	Wa	ter Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedu	le				
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source			
CT1059284	ALL PRO AUTON	IOTIVE				ı	IC	35	Р	GW			
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industr	al Combine	ed Agricultural			
147 BOSTON POT ROAD				Connection	ns				1				
Towns Served: O	LD LYME			,	"			'	'				
Name			(Organization					Job Titl	e			
All Pro Enterprise	e LLC												
Mailing Address	Line One		Mailing Addre	ess Line Two	ine Two City			State	Zip Code				
147 Boston Post	Road						Old Ly	me	СТ	06371			
Business Phone	Business Phone Extension Fax M			oile Phone	ne Emergency Phone Ema		Email Address						
860-434-3530							aptolc	aptolct@aol.com					
Contact Role(s):	Owner		1	•									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

dominous and a contract of the											
	Water Quality	Monitoring and	d Con	npli	ance S	Schedul	e				
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source			
CT1059283	JIA MEI LLC				NC	42	Р	GW			
Local Address (v	Service	Residen	ntial Commerci		al Industri	al Combine	ed Agricultural				
83 HALLS ROAD	Connections			1							

F						
Towns Served: OLD LYME						
	Monite	oring Requireme	nts			
Water System Facility: DISTRIBUTIC	N SYSTEM (WSF I	D: 00600)				
Total Coliform (3100)					1 rou	tine (RT) per quarte
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sam	pling Points	10/1/18	- 12/31/18			Complete
		1/1/19	- 3/31/19			Complete
		4/1/19	- 6/30/19			
		7/1/19	- 9/30/19			
Physical Parameters (PPS)					1 rou	tine (RT) per quarte
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sam	pling Points	10/1/18	- 12/31/18			Complete
		1/1/19	- 3/31/19			Complete
		4/1/19	- 6/30/19			
		7/1/19	- 9/30/19			
Water System Facility: ENTRY POIN	T (WSF ID: 00700)					
Nitrate And Nitrite (NOX)					1	routine (RT) per yea
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on Period	Compliance Status
ENTRY POINT (3)		1/1/18 -	12/31/18			Complete
		1/1/19 -	12/31/19			Complete
		1/1/20 -	12/31/20			
Wate	er System Facil	ity and Sampling	Point Ir	ventor	У	
Water	•			Total	Lead and	
System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Chartura	Coliform Rule	Copper Rule Tier	Stag Asbestos WOP 2 DBI

	vva	ter system raciii	ity and Sampling F	omt m	iventoi	У			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility II		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
60270	WELL 1	2	WELL 1	Α					

									
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Robert Cheung	3			Jia Mei LLC					
Mailing Address Lin	ie One		Mailing A	Address Line Two	City		State	Zip Code	
			108 Com	stock Hill Ave		Norwalk		СТ	06850
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
203-866-7492					862-703-8456	robertch	eungtao@a	iol.com	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

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	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classification		Population	Owner Type	Primary Source				
CT1059294			NC	33	Р	GW						
Local Address (Residen	tial	Commerci	al Industri	al Combine	ed Agricultural						

7

Connections

Towns Served: OLD LYMF

10 LYME STREET

Towns Served: OLD LYME							
	Monitoring Requ	uirement	ts				
Water System Facility: DISTRIBUTION SYSTE	M (WSF ID: 00600)						
Total Coliform (3100)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring Period Collection Pe			od Compliance Status		
Select from Inventory of Active Sampling Point	ts	10/1/18 - 1	2/31/18		Con	nplete	
		1/1/19 - 3,	/31/19		Con	nplete	
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	nce Status	
Select from Inventory of Active Sampling Point	ts	10/1/18 - 1	2/31/18		Con	nplete	
		1/1/19 - 3,	/31/19		Con	nplete	
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Water System Facility: ENTRY POINT (WSF II	D: 00700)						
Nitrate And Nitrite (NOX)					1 routine (R7	「) per year	
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	nce Status	
ENTRY POINT (3)		1/1/18 - 12	/31/18		Con	nplete	
		1/1/19 - 12	/31/19		Con	nplete	
		1/1/20 - 12	/31/20				
Pul	blic Notification F	Requiren	nents				
	Compliance	Notice		otification	PN Certi	fication	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Physical Parameters M&R Violation	4/1/17 - 6/30/17	3	9/22/2018		10/2/2018		
Total Coliform M&R Violation	4/1/17 - 6/30/17	3	9/22/2018		10/2/2018		
Water Syste	m Facility and Sa	mpling P	oint Inve	ntory			
Water			To	tal Lead ai	nd		

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
60518	WELL 1	2	WELL 1	Α					
60734	TREATMENT PLANT								

			Co	ntact Inf	ormation				
Name			Organization	1		Job Title			
Mr. Leroy Mergy				Owner					
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two			City	State	Zip Code
			22 Lyme Stre	et		Old Lyme	5	СТ	06371
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
203-249-1713						leemergy	/@yahoo.com		
Contact Role(s): A	dministrative C	ontact, Leg	al Contact, O	wner					

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Connecticut Department of Public Health Di	rinking Water Section
Water Quality Monitoring and Compl	liance Schedule

		Trator Quarrey rromme	911118 6111	0. 0011	P.		7011001011		
P	NS ID PWS Name C					ssification	Population	Owner Type	Primary Source
C.	T1059294	THE VILLAGE SHOPS					33	Р	GW
Lo	Local Address (where applicable)			Resider	ntial Commerc		al Industri	al Combine	ed Agricultura
1	10 LYME STREET					7			

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticu	t Department of	Public H	lealth D)rink	ing W	/ater S	ection	
	Wate	er Quality Monit	oring an	d Comp	oliano	ce Sch	nedule		
PWS ID	PWS Name	<u> </u>	0					vner Type I	Primary Source
CT105930	04 ADVANCED FAMIL	Y DENTISTRY OF OLD LYM	IE		NC		31	Р	GW
Local Add	lress (where applicable)		Service	Residentia	l Comr	mercial	Industrial	Combined	d Agricultural
6 DAVIS F	ROAD WEST		Connections			1			
Towns Se	rved: OLD LYME								
		Monite	oring Requ	iirement	ts				
Water Sy	ystem Facility: DISTRIE	BUTION SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)						1 rc	utine (RT)	per quarter
Sam	pling Point (Sampling Poi	nt ID)		Monitoring	Period	Colle	ction Period	d Comp	liance Status
Sele	ct from Inventory of Activ	e Sampling Points		10/1/18 - 12	2/31/18			С	omplete
				1/1/19 - 3/	/31/19				
				4/1/19 - 6/					
				7/1/19 - 9/	/30/19				
-	l Parameters (PPS)								per quarter
	pling Point (Sampling Poi	•		Monitoring			ction Period		liance Status
Sele	ct from Inventory of Activ	e Sampling Points		10/1/18 - 12				С	omplete
				1/1/19 - 3/					
				4/1/19 - 6/					
Mator C	ustom Facilityu FNTDV	DOINT (MCF ID: 00700)		7/1/19 - 9/	/30/19				
	•	POINT (WSF ID: 00700)						L routing /	DT) man waan
	And Nitrite (NOX) pling Point (Sampling Poi	nt ID)		Monitoring	Pariod	Colle	ction Period	_	RT) per year liance Status
	RY POINT (3)	וונ וטן		1/1/18 - 12		Cone	CHOII FEITO		omplete
LIVII	KTT OIRT (5)			1/1/19 - 12					ompiete
				1/1/20 - 12					
	V	Vater System Facili				nvento	nrv		
Water	•	vater system raem	ity and sai	iibiiiig i		Total		<u>ــــــــــــــــــــــــــــــــــــ</u>	
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliforn			Stage
Facility IL		ID	Description		Status	D. J.			WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
60523	WELL 1	2	WELL 1		Α				
60660	IRON REMOVAL TREATM	1ENT							
		Con	tact Inform	mation					
Name			rganization					Job Title	
	ael D'occhio		md Realty Grou	Jp qı				113	
	ddress Line One	Mailing Addres	<u> </u>	•			City	State	Zip Code
		1 Johnnycake L	ane		lv	oryton		СТ	06442
1				-			-		

Emergency Phone Email Address

mikedocchio@yahoo.com

860-916-1138

Mobile Phone

Business Phone

860-434-5565

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-434-5880

Connecticut Department of Public Health Drinking Water Section	ion
Water Quality Monitoring and Compliance Schedule	

	water quality monne	inpliance belieuale						
PWS ID	S ID PWS Name C					Population	Owner Type	Primary Source
CT1059304	ADVANCED FAMILY DENTISTRY OF OLD LYME		NC	31	Р	GW		
Local Address (Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural
6 DAVIS ROAD	Connections			1				
_		*			•			· · · · · · · · · · · · · · · · · · ·

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Conne	cticut De	partment of	Public F	lealth D	rinki	ησ Μ	later S	ection	
	Comic		•						cction	
	2111211		uality Monit	oring an						
PWS ID	PWS Nam				Cla		on Pop		vner Type Pr	
CT1059314		PES THERAPEUT	TIC RIDING INC	<u> </u>		NC		44	P	GW
Local Address (icable)		Service Connections	Residential	Comme	ercial	Industrial	Combined	Agricultura
36 TOWN WOO				Connections	1					1
Towns Served:	OLD LYME									
				oring Requ	iirements	5				
Water Systen	n Facility:	DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)						
Total Colifor	• •								utine (RT) բ	•
		pling Point ID)			Monitoring I		Collec	ction Period	d Compli	ance Status
Select fro	m Inventory	of Active Samp	ling Points		10/1/18 - 12/					mplete
					1/1/19 - 3/3				Co	mplete
					4/1/19 - 6/3					
					7/1/19 - 9/3	80/19				
Physical Para	=	=							utine (RT) p	•
		pling Point ID)			Monitoring F		Collec	ction Period		ance Status
Select fro	m Inventory	of Active Samp	oling Points		10/1/18 - 12/					mplete
					1/1/19 - 3/3				Col	mplete
					4/1/19 - 6/3					
\A/=+= C+=	. Facilities	FAITDY DOING	(MCE ID: 00700)		7/1/19 - 9/3	50/19				
•	•		(WSF ID: 00700)							
Nitrate And	-	-			N. A. a. ita uina u	Daviad	Calla		L routine (R	
		pling Point ID)			Monitoring F		Collec	ction Period		ance Status
ENTRY PC	JIN1 (3)				1/1/18 - 12/3					mplete mplete
					1/1/19 - 12/3 1/1/20 - 12/3				CO	inpiete
	N.A	- 4 l- l NA / - 4 -	Ct	24 /\A/CF\ I	· · · · ·	•				
			r System Facili	ity (WSF) i	evei ivioi	nitorii	ng Ke	quireme	ents	
Water Systen	n Facility:	ENTRY POINT	(WSFID: 00700)							
Analyte		Monitoring R	equirement (Summa	ary Type)	Operati	ng Limit			Samples Re	eq/Month
рН		Entry Point pl	H Monitoring (PHRD	•		m: 6.4 F	Н		4	
Start Date:	8/1/2017				ince History:		Operat	ting Limit	Monitor	_
					ing Period		Compl	iance Statu	s: Complia	nce Status:
					18 - 11/30/20					N
					18 - 12/31/20					N
					9 - 1/31/2019					N
					9 - 2/28/2019					N
					9 - 3/31/2019					
					9 - 4/30/2019					
		Wate	r System Facili	ty and Sar	npling Po	int In	vento	ory		
Water							Total	Lead and		
System Wa	ter System F	-acilitv	Sampling Point	Sampling Poi	nt		Coliforn	n Copper		Staae

System Water System Facility Sampling Point Sampling Point Coliform Copper Stage ID **Description Facility ID** Rule Tier Asbestos WQP 2 DBPR Rule Status 00600 **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 2 60546 WELL 1 WELL 1 Α HIGH HOPES TREATMENT PLANT 60621

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Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary S

PW3 ID	PWS Name			Classificatio	II PO	opulation	Owner Ty	Je Pi	illiary Source
CT1059314	HIGH HOPES THERAPEUTIC RIDING INC			NC		44	Р		GW
Local Address (where applicable)		Service	Resider	ntial Comme	rcial	Industri	al Comb	ined	Agricultural
36 TOWN WOO	DS ROAD	Connections	1						1

DIA/C ID

				Contact Ir	nforr	mation				
Name				Organizati	Organization			Job Title		
Ms. Mary Katherine Statsburg										
Mailing Address Line One Mailing Addr				Address Line Tw	vo		City	State	Zip Code	
			36 Towr	Noods Road			Old Lyme	e	СТ	06371
Business Phone	Business Phone Extension Fax Mo			Mobile Phone	e Er	mergency Phone	Email Address			
860-434-1974 860-434-3723						hhinfo@	highhopest	r.org		

Contact Role(s): Administrative Contact, Legal Contact, Owner

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- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Departm	ent of Public H	lealth	Drink	king '	Water	Section	l
Water Quality	Monitoring and	d Com	ıplian	ce So	chedul	e	
PWS ID PWS Name			Classifica	ation P	opulation	Owner Type	Primary Source
CT1059324 64-68 LYME STREET			NC		36	Р	GW
Local Address (where applicable)	Service	Residen	tial Com	mercial	Industria	l Combin	ed Agricultural
	Connections	2		2			
Towns Served: OLD LYME							
	Monitoring Requ	iireme	nts				
Water System Facility: DISTRIBUTION SYSTEM	/ (WSF ID: 00600)						
Total Coliform (3100)					1	routine (R	T) per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Period	l Col	lection Per	iod Con	pliance Status
Select from Inventory of Active Sampling Point	S	10/1/18 -		3			Complete
			3/31/19				Complete
			6/30/19				
		7/1/19 -	9/30/19				
Physical Parameters (PPS)					1	•	T) per quarter
Sampling Point (Sampling Point ID)		Monitori			lection Per	iod Con	pliance Status
Select from Inventory of Active Sampling Point	S	10/1/18 -		3			Complete
			3/31/19				Complete
			6/30/19				
		7/1/19 -	9/30/19				
Water System Facility: ENTRY POINT (WSF ID): 00700)						
Nitrate And Nitrite (NOX)							(RT) per year
Sampling Point (Sampling Point ID)		Monitori			lection Per	iod Con	pliance Status
ENTRY POINT (3)		1/1/18 -					Complete
		1/1/19 -					Complete
		1/1/20 -	12/31/20				
Water System	m Facility and Sar	npling	Point	Inven	tory		

L. CD. Islandia, D. Salaina, Marca Carata

		•	, ,		•	
Water				Tota	al Lead and	
System	Water System Facility	Sampling Point	Sampling Point	Colifo	orm Copper	Stage
Facility ID)	ID	Description	Status Rul	le Rule Tier	Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α		

 00700
 ENTRY POINT
 3
 ENTRY POINT
 A

 60550
 WELL 1
 2
 WELL 1
 A

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. Charles Monte									
Mailing Address Line One Mailing Add			Address Line Two			City	State	Zip Code	
			411-1 F	lamburg Road		Lyme		СТ	06371
Business Phone Extension Fax Mo			Mobile Phone	Emergency Phone	Email Address				
860-434-8532 860-434-8532				860-304-6656	charmont	e@att.net			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.